

MAY 18 2002

## PART B - FEE(S) TRANSMITTAL

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7590 03/18/2002

LATHROP & GAGE, LC  
 4845 Pearl East Circle, Suite 302  
 Boulder, CO 80301

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(Depositor's name)	
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May 2, 2002	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/816,829	03/23/2001	W. Lincoln Bouve	387970	7394

TITLE OF INVENTION: SYSTEM AND METHODS FOR REMOTELY ACCESSING A SELECTED GROUP OF ITEMS OF INTEREST FROM A DATABASE

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
23	nonprovisional	NO	\$1280	\$300	\$1580	06/18/2002
EXAMINER	ART UNIT	CLASS-SUBCLASS				
ALAM, HOSAIN T	2172	707-002000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Lathrop &amp; Gage L.C.

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Civix-DDI, LLC

Boulder, CO

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies Ten (10) The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0600 (enclose an extra copy of this form).

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(Authorized Signature) Curtis A. Vock (Date)

*Curtis A. Vock* 5-2-02

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